



ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT #	POSTMARK	DATE RECEIVED	NOTIFICATION #		
I. TYPE OF NOTIFICATION (O) - ORIGINAL (C) - CANCELLED (R) - REVISION - WRITE REVISION) Original					
II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR)					
OWNER NAME: Blumenfeld Development Group					
ADDRESS: 300 Robbins Lane					
CITY: Syosset	COUNTY: Nassau	STATE: NY	ZIP CODE: 11791		
CONTACT: Mike Classi			TELEPHONE: 516-624-1965		
ASBESTOS REMOVAL CONTRACTOR: Greenfields USA Corp.					
ADDRESS: 3010 Grand Avenue					
CITY: Baldwin		STATE: NY	ZIP CODE: 11510		
CONTACT: Maureen E. Herman		TELEPHONE: (718) 997-0555	TITLE: President		
III. TYPE OF OPERATION: (D) - DEMO (O) - ORDERED DEMO (R) - RENOVATION (E) - EMERGENCY RENOVATION): Renovation					
IV. IS ASBESTOS PRESENT? (YES / NO) Yes	LIST TYPE OF ASBESTOS MATERIAL (S) TO BE REMOVED: Textured Ceiling Plaster, VAT & Mastic, Built-up Roofing Material				
V. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER) 99-01 Queens Blvd., Rego Park, NY 11791					
BUILDING SIZE: 57,000 SF	NUMBER OF FLOORS: 2	AGE IN YEARS: 64			
PRESENT USE: Commercial	PRIOR USE: Commercial				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: N/A					
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. REGULATED ACM TO BE REMOVED 2. CATEGORY I ACM NOT REMOVED 3. CATEGORY II ACM NOT REMOVED	RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL TO BE REMOVED		NONFRIABLE ASBESTOS MATERIAL NOT TO BE BEREMOVED	
		CAT I	CAT II	CAT I	CAT II
PIPES: (LINEAR FEET)					
SURFACE AREA: (SQUARE FEET)	26,670	20,310			
VOL. RACM OFF FACILITY COMPONENT: (CUBIC FEET)					
VIII. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START: : COMPLETE					
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START: 7/25/2016 COMPLETE 6/30/2017					
08:00 AM TO 0:400 PM WEEKDAYS WORK HOURS: AM TO PM WEEKEND WORK HOURS:					

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: US EPA (CFR) Title 40, Part 61 (Subparts A & M (revised Subpart B) & Part 763 (subpart G); OSHA (CFR) Title 29, Part 1910 (Sections 20, 134, 145, 1001 & 1200) & Part 1926(Section 58; NYS DOL Industrial Code Rule 56; NYS DEC Title 6, Part 364 (6NYCRR364; DOT Final Rule Regulation 49 CFR, Part 171 & 172; NYC DEP Local Law 21, 70 & 76		
XII. WASTE TRANSPORTER: Cody Transport LTD.		
ADDRESS: 72 Allen Blvd.		
CITY: Farmingdale	STATE NY	ZIP 11735
CONTACT PERSON: Louis Martinez	TELEPHONE: (631) 694-6001	
XIII. WASTE DISPOSAL SITE:		
NAME: Southern Alleghenies		
LOCATION: 843 Miller Picking Road		
CITY: Davidsville	STATE: PA	ZIP: 15928
TELEPHONE: (814) 479-2483		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
NAME:	TITLE:	
AUTHORITY:		
DATE OF ORDER (MM/DD/YY):	DATE ORDERED TO BEGIN: (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS:		
a) DATE AND HOUR OF EMERGENCY: (MM/DD/YY):		
b) DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:		
c) EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER. The area will be immediately isolated by installing a full containment with worker decontamination enclosure system utilizing negative pressure ventilation equipment		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (REQUIRED 1 YEAR AFTER PROMULGATION). <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ (SIGNATURE OF OWNER/OPERATOR) </div> <div style="text-align: right;"> 07/14/2016 (DATE) </div> </div>		
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ (SIGNATURE OF OWNER/OPERATOR) </div> <div style="text-align: right;"> 07/14/2016 (DATE) </div> </div>		